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# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

12/22/2005

Fildes & Outland, P.C. Suite 2 20916 Mack Avenue Grosse Pointe Woods, MI 48236 EXAMINER

SPISICH, GEORGE D

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PAPER NUMBER

ART UNIT

DATE MAILED: 12/22/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/700,253      | 11/03/2003  | John Bolland Reast   | 02004.070           | 3699             |

TITLE OF INVENTION: AIR SUSPENSION ANTI-ROLL STABILIZATION SYSTEM

| APPLN. TYPE    | SMALL ENTITY ISSUE FEE |        | PUBLICATION FEE TOTAL FEE(S) DUE |        | DATE DUE   |
|----------------|------------------------|--------|----------------------------------|--------|------------|
| nonprovisional | NO                     | \$1400 | \$300                            | \$1700 | 03/22/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a pery correspondence address; and/or (b) indicating a sengrate "FFF ADDRESS" for

or Fax

| maintenance fee notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                                                      | ., speen, ing i                                                                                                                                                                                                                                                                     |                                                                                                                                                   | ·                                                                                                                                                                                                                                                                                                                                                      | mailing can only be used for                                                                                           |                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                          |                                                                                                                        |                                                                                                                        |  |
| 759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 90 12/22/2005                                                                                                  |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | have its own certificat                                                                                                                                                                                                                                                                                                                                | e of mailing or transmission.                                                                                          | ant of formal drawing, must                                                                                            |  |
| Fildes & Outland, P.C. Suite 2 20916 Mack Avenue Grosse Pointe Woods, MI 48236                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                        |                                                                                                                        |  |
| 0.0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ao,ozo o                                                                                                       |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        | ,                                                                                                                      | (Depositor's name)                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        | (Signature)                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        | (Date)                                                                                                                 |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FILING DATE                                                                                                    | FIRST NAMED INVENTO                                                  |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | TOR                                                                                                                                                                                                                                                                                                                                                    | ATTORNEY DOCKET NO.                                                                                                    | CONFIRMATION NO.                                                                                                       |  |
| 10/700,253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11/03/2003                                                                                                     | •                                                                    | John Bolla                                                                                                                                                                                                                                                                          | and Reas                                                                                                                                          | st                                                                                                                                                                                                                                                                                                                                                     | 02004.070                                                                                                              | 3699                                                                                                                   |  |
| TITLE OF INVENTION: AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R SUSPENSION ANTI-RO                                                                                           | OLL STABILIZAT                                                       | ΓΙΟΝ SYSTE                                                                                                                                                                                                                                                                          | М                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SMALL ENTITY                                                                                                   | ISSUE F                                                              | EE                                                                                                                                                                                                                                                                                  | PU                                                                                                                                                | BLICATION FEE                                                                                                                                                                                                                                                                                                                                          | TOTAL FEE(S) DUE                                                                                                       | DATE DUE                                                                                                               |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO                                                                                                             | \$1400                                                               | )                                                                                                                                                                                                                                                                                   |                                                                                                                                                   | \$300                                                                                                                                                                                                                                                                                                                                                  | \$1700                                                                                                                 | 03/22/2006                                                                                                             |  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INER                                                                                                           | ART UN                                                               | IT                                                                                                                                                                                                                                                                                  | CI                                                                                                                                                | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                        |  |
| SPISICH, G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EORGE D                                                                                                        | 3616                                                                 | 280-124106                                                                                                                                                                                                                                                                          |                                                                                                                                                   | 280-124106                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                        |  |
| Change of correspondence address or indication of "Fee Address CFR 1.363).      Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTIPLEASE NOTE: Unless an assignee is identified below, no a recordation as set forth in 37 CFR 3.11. Completion of this form |                                                                                                                |                                                                      | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| (A) NAME OF ASSIGNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | assignee category or catego                                                                                    |                                                                      | ,                                                                                                                                                                                                                                                                                   |                                                                                                                                                   | Y and STATE OR CO                                                                                                                                                                                                                                                                                                                                      | UNTRY)<br>orporation or other private gro                                                                              | oup entity Government                                                                                                  |  |
| 4a. The following fee(s) are e                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | enclosed:                                                                                                      | 4b                                                                   | Payment of                                                                                                                                                                                                                                                                          | • • •                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | . N                                                                  |                                                                                                                                                                                                                                                                                     | A check in the amount of the fee(s) is enclosed.                                                                                                  |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nall entity discount permitte                                                                                  | ea)                                                                  |                                                                                                                                                                                                                                                                                     | ayment by credit card. Form PTO-2038 is attached.  the Director is hereby authorized by charge the required fee(s), or credit any overpayment, to |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| ——————————————————————————————————————                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Copies                                                                                                         | <del></del>                                                          | Deposit Acco                                                                                                                                                                                                                                                                        | ount Nu                                                                                                                                           | nber                                                                                                                                                                                                                                                                                                                                                   | (enclose an extra c                                                                                                    | opy of this form).                                                                                                     |  |
| 5. Change in Entity Status (  a. Applicant claims SM                                                                                                                                                                                                                                                                                                                                                                                                                                                    | from status indicated above AALL ENTITY status. See                                                            | •                                                                    | ☐ b. Applic                                                                                                                                                                                                                                                                         | ant is no                                                                                                                                         | longer claiming SMA                                                                                                                                                                                                                                                                                                                                    | LL ENTITY status. See 37 C                                                                                             | FR 1.27(g)(2).                                                                                                         |  |
| The Director of the USPTO is NOTE: The Issue Fee and Pu interest as shown by the recon                                                                                                                                                                                                                                                                                                                                                                                                                  | s requested to apply the Issu<br>iblication Fee (if required) was<br>rds of the United States Pate             | ue Fee and Publicate vill not be accepted and Trademark              | tion Fee (if an<br>I from anyone<br>Office.                                                                                                                                                                                                                                         | y) or to<br>other th                                                                                                                              | re-apply any previousl<br>an the applicant; a reg                                                                                                                                                                                                                                                                                                      | y paid issue fee to the applica<br>istered attorney or agent; or the                                                   | ation identified above,<br>ne assignee or other party in                                                               |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | Date                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                        |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                                                      |                                                                                                                                                                                                                                                                                     | Registration No.                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                        |  |
| This collection of information an application. Confidentialit submitting the completed application form and/or suggestions Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-1 Under the Paperwork Reduct                                                                                                                                                                                                                                                                                       | y is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh hia 22313-1450. DO NOT 450. | 122 and 37 CFR O. Time will vary nould be sent to the SEND FEES OR C | 1.14. This col<br>depending up<br>Chief Inform<br>COMPLETED                                                                                                                                                                                                                         | lection in<br>son the in<br>nation O<br>FORM                                                                                                      | s estimated to take 12 andividual case. Any conficer, U.S. Patent and S TO THIS ADDRESS                                                                                                                                                                                                                                                                | minutes to complete, includir<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |



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|-------------------------------|----------------|----------------------|---------------------|---------------------|
| 10/700,253                    | 11/03/2003     | John Bolland Reast   | 02004.070           | 3699                |
| 7:                            | 590 12/22/2005 | EXAMINER             |                     |                     |
| Fildes & Outland              | l, P.C.        | SPISICH, GEORGE D    |                     |                     |
| Suite 2                       |                |                      |                     | D + DCD > 22 0 (DCD |
| 20916 Mack Aven               | ue             | ART UNIT             | PAPER NUMBER        |                     |
| Grosse Pointe Woods, MI 48236 |                |                      | 3616                |                     |
|                               |                |                      |                     |                     |

DATE MAILED: 12/22/2005

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.